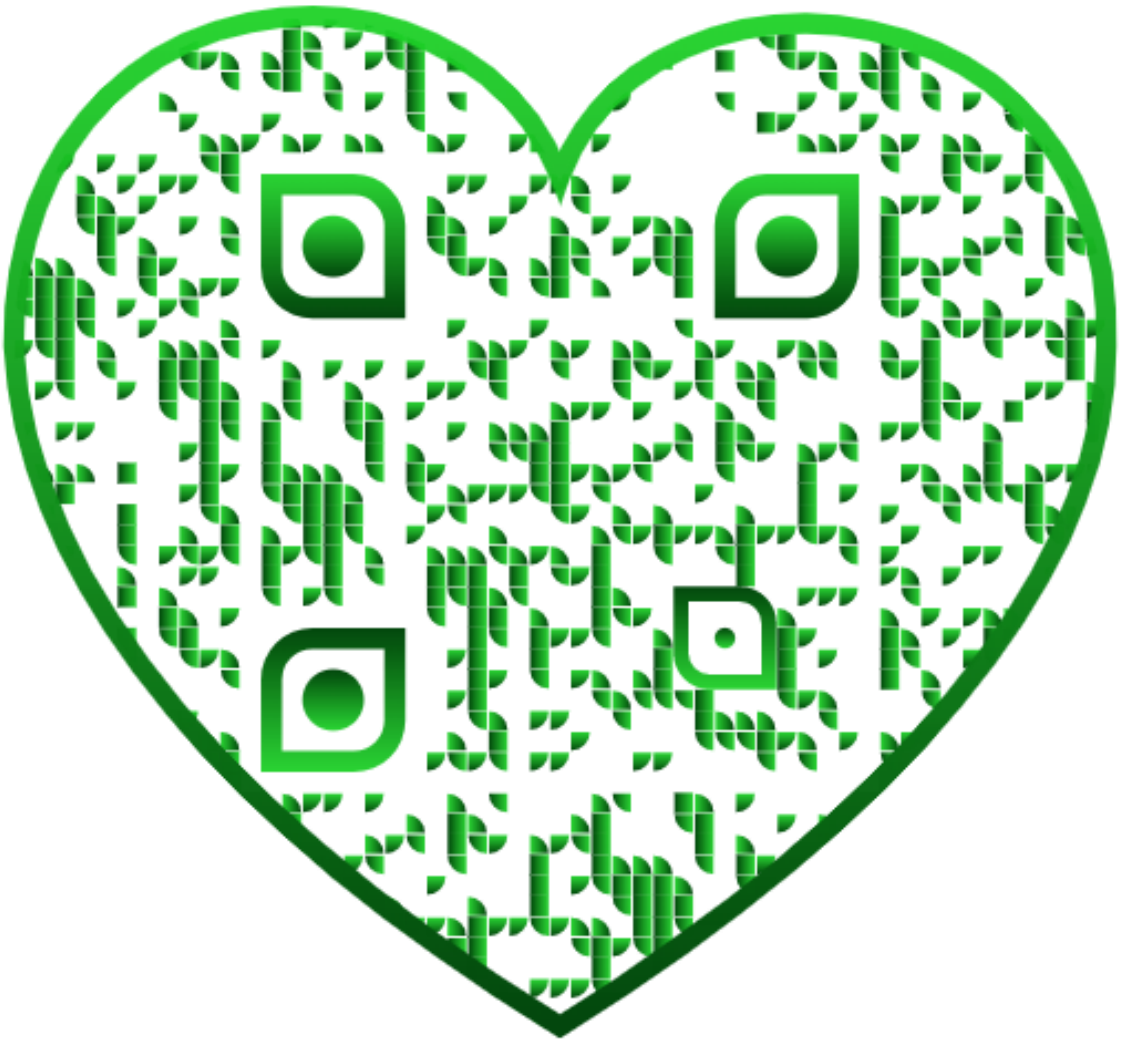
جامعه صنعاء
كلية الطب والعلوم الصحية
شعبة الطب البشري

دفعة نبض الحياة ٣٢

اضافات اسئلة العيون الشفوي

اعداد وتنسيق
بشرى الشميري



1- What is the muscle responsible for eye closure and open and it's nerve supply and What happen if paralysis :-

A- Eye Opene muscle :-

1- Levator palpebrae superior (Nerve supply :- superior division of oculomtor nerve).

Paralysis :- in Severe ptosis.

2- Superior mullers muscle (Nerve supply :- Sympathetic from cervical ganglion).

Paralysis :- 1- Horner syndrome. 2- Partial ptosis. 3- Anhydrosis. 4- Enophthalmos

B- Eye closeure muscle :-

Orbicularis oculi muscle (Nerve supply :- zygomatic branch of facial nerve).

Paralysis :- 1- Lagophthalmos. 2- Epiphora.

2- How many muscles move the eye (Mention them) and Give there nerve supply :-

1- Medial rectus. 2- Superior rectus. 3- Inferior rectus.

4- Lateral tectus. 5- Superior oblique. 6- Inferior oblique.

Nerve supply :- All muscles supply by oculomotor nerve EXCEPT lateral rectus by abducent nerve and the superior oblique by trochear nerve CN4.

3- Ocular muscle (origin, insertion and blood supply with its branches) :-

4- Extraocular muscles and their nerve supply :-

5- Enervation of extra-ocular muscles (EOM) :-

6- Blood supply of the eye :-

Ophthalmic artery from internal carotid artery

A- Ocular group

1- Long ciliary artery. 2- Short ciliary artery.

3- Central retinal artery. 4- Muscular artery for extraocular muscle.

B- Orbital group :-

1- Lacrimal artery 2- Supraorbital and supratrochlear to forhead.

3- Poeterior ethmoidal artery 4- Anterior ethmoidal artery 5- Internal palpebral artery.

7- Eyelid muscles with branches :-

8- Inflammation of glands of eye-lid :-

A- Stye (external hordoelum) :- is inflammation of zeis gland.

B- Internal hordoelum :- is acute suppurative inflammation of meibomian gland.

C- Chalazion achronic granulomatous inflammation of meibomain gland.

9- State of pupil? And Which eye is affected more? Why and origin of Left and Right ophthalmic arteries :-

10- What is ophthalmic nerve branches :-

1- Frontal nerve. 2- Lacrimal nerve. 3- Nasocillary nerve.

11- What are the arterial and venous supply of ciliary body :-

A- Arterial supply :- From major circle and it's branches (circulus arteriosus iridis major) which formed of :-

1- Anterior cillary arteries.

2- Two long posterior cillary arteries.

B- Venous :- drainage into 4 vortex veins -ophthalmic vein.

12- Content of ciliary body :-

A- Macroscopically :-

1- Anterior cillary muscles.

2- Posterior ciliary muscle.

3- Pars plicata.

4- Pars plana.

B- Microscopically :-

1- Internal limiting membrane.

2- Epithelium.

3- Stroma.

4- Suprachoridal lamina.

13- Layers of Eyelid :-

1- Skin and subcutaneous tissue. 2- Striated muscle fiber of Orb. Oculi.

3- Orbital septum and tarsal plate. 4- Smooth muscle. 5- Conjunctiva.

14- Upper Eyelid retractors and their nerve supply :-

1- Levator palpebral superioris (Nerve supply :- CN3).

2- Mullers muscle (Nerve supply :- sympathetic inervation).

3- Whitenalls ligment.

15- Origin of levator palpebrae :-

From lesser wing of sphenoid above annulus of zinn.

16- Structures passing from optic canal :-

1- Optic nerve. 2- Ophthalmic artery.

17- Origin of goblet cells in embryo :-

18- Parasympatholytics and Sympathomimetics (MOA, indications) :-

A- MOA :-

1- Pupillary dilatation. 2- Decrease pain.

3- Decrease permeability of Iris blood vessels.

B- Indication :-

1- Treatment of :- a- Corneal ulcer. b- Uveitis.

2- Diagnostic :-

a- Before fundus examination.

b- Before retinoscopy in children <10 years Provocative test in AC glaucoma.

3- Operation :- a- Pre-operative as in cataract, RD surgery.

b- Post operative as glaucoma ,cataract RD surgery.

19- Signs of lateral rectus paralysis :-

Defective abduction of eye.

20- Paralysis of lateral rectus muscle :-

21- Third nerve palsy :-

1- Dropping of eye lid. ptosis. 2- Divergent squint.

3- Fixed dilated non reactive pupil.

4- Limitation of depression of eye due to weakness of I.O.

5- Failure of adduction due to weakness of M.R.

6- Failure of elevation due to weakness of I.O and S.R.

22- What is the extra eye lashes (name of the disease) :-

1- Trichiasis. 2- Distichiasis.

23- Numbers, function and sites of Rods and cones :-

	Rods	**Cones**
Numbers	120 million.	6 million.
Function	Light sense + movement + night vision.	Form sense + color vision + day vision.
Site	Periphery.	Posteriorly.

24- 6 Cardinal position of eye :-

Six cardinal position of eye (gaze) :-

1- Dextroversion. 2- Laevoversion. 3- Dextroelevation.

4- Laevoelvation. 5- Dextrodepression. 6- Laevodepression.

25- Eyes power :-

Eye power normally	**Eye power in hypermetropia**	**Eye power myopia**
60.	<60.	>60.

Refractive power :- A- Cornea :- 42 D.

B- Lens :- 18 D.

26- Difference between cylindrical lens and spherical lens :-

27- What's the action of concave spherical lenses :-

Make the object looked at appear smaller.

28- Types ocular eye trauma :-

1- Blunt trauma. 2- Penetrating trauma.

3- Perforating injury with retained foreign body chemical injury and burns.

29- Types of Physical Trauma :-

30- What is the mechanism of redness of eye within Trauma :-

31- Why do we examine the patient's eyes at a distance of six meters :-

At this distance the rays of light are parallel for practical purpose.

32- How to Examine Visual acuity :-

By use :-

A- Test chart for distant visual acuity :-

1- Landolts chart test.

2- Snellen chart test.

B- Tests cards for near vision :-

33- What we mean the Visual 6/60 :-

This mean that the patient can read the top most letter at 6m.

34- How the normal Visual axis :-

35- Visual pathway and lesion of chiasma :-

A- Visual pathway :-

Retina > optic nerve > chiasma > optic tract > lateral geniculate body > optic radiation > Occipital lobe (visual cortex).

B- Lesion in the chiasma :-

1- Intrasellar tumors :- upper quadrantic bitemporal hemianopia.

2- Suprasellar tumor :- lower quadrantic bitemporal hemianopia.

3- Lesion on either side of optic chiasma :- binasal hemianopia.

36- Methods of Examine the IOP :-

1- Digital tension :- by palpation of the eye with fingers

2- Schiotz tonometer.

3- Applantion tonometer.

37- What is the mean of optic cupping :-

Is central depration in the optic disk, has diameter 0.5

Cupping main filled up of this depration.

38- Diameter of anterior and posterior Axial :-

24 mm.

39- Normal and abnormal content of anterior chamber :-

A- Normal contents of AC :-

B- Abnormal contents of AC :-

1- Turbid aqueous > plasmoid aqueous. 2- Blood :- hyphemia.

3- Pus :- hypopion. 4- Lens :- Anterior dislocation. 5- F.B.

40- How to Exam the ulcer :-

41- Layers of tear film :-

1- Outer lipid layer. 2- Middle aqueous layer. 3- Inner mucin layer.

42- Structure and function of tears :-

A- Structure :-

1- Outer lipid layer. 2- Middle aqueous layer. 3- Inner mucin layer.

B- Function :-

1- Lubrication of eyelid and eye.

2- Nutrition for cornea.

3- Washing the debris exfoliated cell, bacteria and F.B.

4- Refractive surface at air/water interface.

5- Protective function it contain lysozyme immunoglobulin lactoferrin, compliments.

43- Pupillary light pathway :-

1st neuron :- From retina >optic nerve>optic chiasma>optic tract > pretectal nucleus >.

2nd neuron :- From pretectal nucleus to edinger westphal nucleus>.

3rd neuron :- From EWN to ciliary ganglion along with oculomotor nerve >.

4th neuron :- From ciliary ganglion to sphinctor pupillae muscle along with short ciliary nerve.

44- How many Cornea Layer we have, Mention them :-

1- Epithelium. 2- Bowman's membrane. 3- Stroma.

4- Descement membrane. 5- Endothelium.

45- Regeneration of endothelial layer of the Cornea :-

The endothelium has no regenerative power (the cell increase in size >spread to cover the defect with no regeneration).

46- Power of cornea :-

42 D.

47- Thickness of cornea peripheral and central :-

Peripheral	**Central**
0.67 mm.	0.52 mm.

48- Causes of corneal transparency :-

1- No pigments in it. 2- No blood vessels.

3- Regular arrangement of Lamellae. 4- Corneal relative dehydration (pump mechanism).

49- Refractor index of cornea :-

Is 1.37.

50- Causes of corneal opacity :-

51- Causes and treatment Dendritic ulcer of cornea :-

52- Why name dendritic ulcer by this name :-

53- Causes of corneal ulcer and How can difference by slit-lamp :-

54- Definition, Sign and Investigation of corneal ulcer :-

55- When we use CL in Corneal disease :-

56- How length and wide of cornea :-

57- Definition and symptoms of Congenital glaucoma :-

Definition :- Increased of IOP which result in damage of optic nerve and visual field defect due to congenital anomalies in the angle of anterior chamber.

Symptoms :-

1- Photophobia. 2- Lacrimation. 3- Hazy cornea.

4- Enlarged eyeball. 5- If child < 3mon corneal clouding and tearing.

58- Signs of glaucoma in children :-

1- Deep A.B. 2- Optic disc cupping +/-atrophy.

3- Increased IOP 21 mmhgm. 4- Buphthalmos.

5- Cornea cloudy edematous. 6- Iris become atrophic tremouls.

7- Lens :- cataract lens subluxation.

59- What is the important signs of glaucoma in patient from first see and Why suspected it :-

60- Definition and Signs of closed angle glaucoma :-

Definition :- increase IOP which result in damage of optic nerve due to closure of an already shallow A.C. with narrow angle.

Sings :- 1- Led edema. 2- Ciliary congestion. 3- Corneal edema. 4- Very shallow A.C.

5- IRIS Congested. 6- Increased IOP. 7- Decrease visual acuity.

61- Symptoms and Treatment of closed glaucoma :-

Symptoms :-

1- Sever pain (temporal headache) which occurs along distribution of ophthalmic nerve due to pressure on ciliary nerve.

2- Vomiting due to stimulation of vagus nerve. 3- Rapid diminution of vision.

5- Lacrimation, photophobia blepharo-spasm. 4- General symptoms as fever.

6- Colored halos.

Treatment :-

A- Medical treatment :-

1- Local :- a- Pilocarpine. b- Timolol maleate. c- Betaxolo.

2- Systemic :- a- Acetazolamide. b- Sedative.

3- Hyperosmotic agents :- A- Oral :- 1- Glycerol. 2- Isosorbide.

B- Intravenous :- 1- Mannitol. 2- Uera.

B- Surgical treatment :-

1- Peripheral Buttonhole Iridectomy. 2- Laser iridotomy. 3- Trabeculectomy.

62- How lens cause glaucoma :-

1- Iris lens diaphragm is pushed forwards.

2- With the age due to progressive increase in lens thickness which push the Iris forward.

63- Causes of open angle glaucoma and Why occurs after age of 50 years :-

With the age > obstruction of outflow of aqueous humor due to :-

1- Sclerosis of trabecular mesh-work.

2- Deposition of pigments in the pores of the trabecular meshwork

3- Sclerosing of the endothelial lining of canal of schlemm A.

64- How to differentiate between open and closed angle glaucoma :-

Character	**Open angle glaucoma**	**Closed angle glaucoma**	**Congenital glaucoma**
Cause	Trabecular sclerosis	Angle closure	Congenital angle anomalies.
Incidence :-			
Age	Above 45 years.	Above 40 years.	Early childhood.
Sex	Equal in both sexes.	More in females.	More in boys.
Glaucoma	Common.	Less common.	Less common.
Retraction	Any refraction.	Hyper-metropia.	Axial myopia.
Personality	Any personality.	Nervous.	Any personality.
Symptoms :-			
- Onset	Gradual.	Sudden.	Rapid.
- Early symptoms	No symptoms early, Premature presbyopia.	Haloes, pain, diminished vision up to H.M. …ect.	Photophobia, Lacrimation, Large globe, ….ect.
Signs :-			
1- Ant. Ch.	Normal usually.	Shallow.	Deep.
2- Angle	Open.	Closed by iris crowding or papillary block.	Open.
3- Tension	High.	Strong hard.	High.
4- Fundus	Early cupping.	Late cupping.	Late cupping.
5- Field	Early changes.	Late changes.	Early changes.
6- Other signs	Sluggish pupil late.	Dilated oval inactive pupil, ciliary congestion, …ect.	Large globe, tremulous iris, Axial myopia, ….ect.
Treatment :-			
Medical	Ideal if it controls the case.	Essential before operation.	Of little value before operation.
Surgical	Indicated if medical treatment fails.	Essential.	Essential.
Prognosis	Bad if undiagnosed early.	Good.	Bad if untreated early.

65- Definition, clinical features, treatment of acute congestive glaucoma and What's the surgery and Why the pupil is fixed :-

Definition :- acute increase of IOP to sudden closure of a narrow angle.

Symptoms :-

1- Sever pain (temporal headache) which occurs along distribution of ophthalmic nerve due to pressure on ciliary nerve.

2- Vomiting due to stimulation of vagus nerve. 3- Rapid diminution of vision.

5- Lacrimation, photophobia blepharo-spasm. 4- General symptoms as fever.

6- Colored halos.

Treatment :-

A- Medical treatment :-

1- Local :- a- Pilocarpine. b- Timolol maleate. c- Betaxolo.

2- Systemic :- a- Acetazolamide. b- Sedative.

3- Hyperosmotic agents :- A- Oral :- 1- Glycerol. 2- Isosorbide.

B- Intravenous :- 1- Mannitol. 2- Uera.

B- Surgical treatment :-

1- Peripheral Buttonhole Iridectomy. 2- Laser iridotomy. 3- Trabeculectomy.

Pupil is fixed due to :-

1- Paresis of both muscles.

2- Increased in IOP cause ischemia for the constrictor muscle with intact dilator muscle.

66- Definition of heterochromia and congenital glaucoma :-

A- Heterochromia iridis :- both iris are of two different colors.

Hetrochromia iridum :- one Iris may have a different colour from the other.

B- Congenital glaucoma :- Increased of IOP which result in damage of optic nerve and visual field defect due to congenital anomalies in the angle of anterior chamber.

67- Causes of glaucoma in Hyper-metropia :-

Due to small eye with narrow angle.

68- Type of glaucoma with myopia and Hypermetropia :-

A- With myopia	B- With Hypermtropia
Open angle glaucoma.	Closure angle glaucoma.

69- Treatment of Hypermetropia :-

It treated by :-

1- Prescribing suitable correction spherical convex lenses.

Or

2- Surgical.

70- Difference between hypopion and hyphema :-

Hypopion	Hyphema
Pus in anterior chamber.	Blood in the anterior chamber.

71- Power of Hypermetropia and Treatment :-

72- Power of Myopia and Treatment :-

73- Ocular disease with Myopia :-

1- Keratoconus. 2- Lentoconus. 3- DM.

4- Snile sclerosis. 5- Iritis. 6- Ant dislocation of lens.

74- Affect of Myopia on the eye :-

Complication of myopia

75- Causes of Retinal detachment in Myopia :-

Due to formation if a retinal tear and chorio-retinal degeneration.

76- What happened during central Retinal artery occlusion :-

Arterial ischemia result in the :-

1- Infarction of the inner two third of retina.

2- Reflex construction of the whole retinal arterial blood vessels.

3- Stasis in the retinal capillaries all these will result in sudden and complete loss of vision.

77- What should you think first in young patient with central Retinal artery occlusion? And what will you see in fundoscopy :-

A- We think that the patient has risk factors as hypertensive encephalopathy or arteritis or embolism

B- Fundus examination :in complete block :- the arteries are extremely thin and may not be visible.

The vein are usually normal except at the dis where they are contracted

The retina becomes opaque and milky white specially near the disc and macula.

Cherry of spot is seen at fovea centralis Optic disc is pale due to ischemia.

78- Symptom of central retinal vein occlusion :-

Rapid painless diminution of vision**.**

79- Coat's disease related to Retinal detachment :-

Coats disease there is exudative fluid derived from the choroid which gain access to sub retinal space through damaged RPE.

80- Treatment of Retinal detachment :-

A- The retina being pushed away from it's bed :- Accumulation of fluid (e.g blood or exudate neoplasm).

B- The retina being pulled away from it's bed contraction of fibrous tissue bands in the vitreous as in plastic cyclitis, proliferative retinopathy.

81- Retinal detachment Definition, types and causes of each types and it's Treatment :-

Definition :- It's a condition in which the retina is separated into 2 layers :-

1- Retinal pigment epithelial.

2- Sensory retina.

Types :-

1- Primary or simple (rhegmatogenous).

2- Secondary (non -rhegmatogenous).

Causes :-

Primary :- is due to formation of a retinal tear this allow the fluid from the vitrous to seep through and raise the retina from it's bed.

Secondary :- is due to pushing of the retina by intraocular disease with no retinal tear.

Treatment :-

1- To seal retinal breaks by :-

A- Photocoagulation. B- Cryosurgery.

2- To approximate the sclera, choroid and detached retina by :-

A- Scleral buckling. B- Drainage of subretinal fluid.

C- Pars plana vitrectomy. D- Pneumo-retinopexy.

82- Mechanism of Tractional retinal detachment :-

83- Optic neuritis cause in adult and elderly :-

1- Demyelinating diseases especially disseminated sclerosis.

2- Ag ABs reaction to septic focus or systemic immune diseases.

3- Metabolic disease (as DM, Vit B1 deficiency).

4- Infection :-

A- Acute (as influenza, measles, mumps, malaria).

B- Chronic (as syphilis, T.B, extension of the infection from the meningitis orbital cellulitis uveitis sinusitis).

84- Definition of vitreous :-

is an inert, transparent colorless -jelly-like hydrophilic gel fills the space between lens and retina.

85- Classification, Causes and Treatment of Uveitis :-

Classification :-

A- Anatomical classification :-

1- Anterior uveitis.

2- Intermediate uveitis.

3- Posterior uveitis.

B- Clinical classification :-

1- Acute.

2- Chronic.

3- Recurrent.

Causes :-

1- Exogenous infection. 2- Endogenous infection

3- Secondary infection. 4- Allergic inflammation.

Treatment :-

1- Treat the cause. 2- Steroid. 3- Mydriatic, cycloplegic.

4- Immunosuppressive (cytotoxic drugs). 5- NSAIDs.

6- Dark glasses and hot applicants. 7- Hypersensitivity reaction.

8- Surgical :-

a- Vitrectomy for Endophthalmitis.

b- Iridotomy or iridectomy for Iris bombe after secluded pupil.

c- Enucleation of the exciting eye in case of sympathetic ophthalmia.

86- What is uveal tract :-

Is pigmented vasculo-mascular coat of the eye ball comprising

1- Iris.

2- Ciliary body.

3- Choroid.

87- D.D of rubeosis iridis :-

1- Ischemia :- DM, CRVO, CRAO, sickle cell retinopathy, anterior segment ischemia.

2- Tumor.

3- Uveitis.

4- Chronic retinal detachment.

88- Definition of iridocyclitis and it's clinical features and it's Treatment :-

Definition :- it is inflammation of the Iris and cillary body.

Clinical features :-

Symptoms :-

1- Pain, dull ache more at night. 2- Photophobia.

3- Headache. 4- Decrease the V/A.

Signs :-

1- Led edema, Cillary injection. 2- Cornea :- keratic precipitates

3- Ant. chamber :- aqueos flare, hypopyon, hyhpaemia. 4- Iris :- muddy

5- Pupil :- constricted, irregular. 6- Ciliary body : tender. 7- Vitrous :- cloudy.

Treatment :-

1- Treat the cause. 2- Steroid. 3- Mydriatic, cycloplegic.

4- Immunosuppressive (cytotoxic drugs). 5- NSAIDs.

6- Dark glasses and hot applicants. 7- Hypersensitivity reaction.

8- Surgical :-

a- Vitrectomy for Endophthalmitis.

b- Iridotomy or iridectomy for Iris bombe after secluded pupil.

c- Enucleation of the exciting eye in case of sympathetic ophthalmia.

89- Ptosis Definition, types and How differentiate between them :-

Definition :- it is dropping of eye lid

Types :-

1- Neurogenic. 2- Aponeurotic.

3- Mechanical. 4- Myogenic.

90- Affect of chlamydia on eye ptosis :-

91- What's the affected of DM on the eyes :-

92- Stages of Diabetic retinopathy and What happen in all one :-

1- Simple background diabetic retinopathy	2- Pre-proliferative diabetic retinopathy	3- Proliferative diabetic retinopathy
a- Micro-aneurysms. b- Dot hemorrhage. c- Hard exudate. d- Retinal edema.	a- Vascular change :looping, beading, shunting. b- Dark blot hemorrhage c- Multiple soft (cotton wool) exudate. d- IRMA.	a- Neovascularization. b- Hemorrhage in (retina and vitreous). c- Tractional retinal detachment.

93- Signs of Diabetic retinopathy (12 signs) :-

94- Causes of sudden blindness in DM :-

95- Definition of blindness :-

The inability to perceive light WHO : visual acuity of less than 3/60 (snellen) or it's equivalent

In the absence of appropriate vision chart the WHO added inability to count fingers in daylight at a distance of 3 meters to indicate less than 3/60 or it's equivalent.

96- Causes of painless loss of vision :-

1- CRAO.
2- Massive vitrous hemorrhage.
3- Retinal detachment involving macular area.
4- Methanol poison.
5- Ischemic CRVO

97- DM ليش نخاف على مريض

98- How the DM may cause blindness :-

99- What is can be seen by Fundoscopy in diabetic patient :-

ايش بنشوف ب Fundoscopy في مريض DM

100- Affection of Diabetic retinopathy on ocular system :-

101- Trachoma Definition, causes, types, stage that cause blindness and affect on ocular and Who Classification and active form :-

102- D.D of sudden pain loss of vision :-

1- Acute congestive glaucoma. 2- Acute iridocyclitis.

3- Chemical injuries to the, eye ball. 4- Optic neuritis.

103- Definition of Anisocoria :-

unequal size of pupils.

104- Definition, mechanism and causes of Papilloedema :-

Definition :- It is hydrostatic, non inflammatory oedema of optic disc.

Mechanism :- it is due to venous stasis which results in the compression of the central retinal vein as it crosses the subdural and subarchniod.

- There is vasodilatation at the disc due to hypoxia causing axoplasmic stasis.
- The nerve fibers at the optic disc become swollen which degenerate later on.

Causes :-

1- Increased the ICP due to intracranial space occuping lesion. Or
meningitis encephalitis pseudo tumor cerberi.
2- Orbital lesion :- tumors, orbital cellulitis, aneurysm of ophthalmic artery.
3- Ocular lesion :- hypotony CRVO uveitis.

105- Uses of dye in the eye and What is the colors u see :-

106- Use of fluorescein stain :-

107- What is the first sign seen in children advise them to done eye pressure exam :-

1- Photophobia.
2- Lacrimation.

108- Causes of photophobia in children :-

109- Difference between yag and argon Laser :-

110- Definition and etiology of Aphakia :-

Definition :- it is means absence of lens.

Causes :- 1- Congenital. 2- Acquired post-traumatic/post operative.

111- Type of error of refraction of Aphakia :-

Hypermtropic type.

112- Definition of Pseudo-aphakia :-

Means artificial lens.

113- Definition, causes of Entropion, Ectropion :-

114- Definition, most common cause and Treatment (name of operation) of Entropion :-

115- Causes and most common sign (one) of Trachoma and How cause blindness :-

Cause :- Chlamydia trachomatous.

Most common signs :- Arlert's line.

How cause blindness :- due to corneal opacity.

116- Definition and types of Amblyopia :-

Definition :- it is a functional partial loss of visual acuity without any organic cause in the eye.

Types :-

1- Strabismic Amblyopia. 2- Anisometropic Amblyopia.

3- Stimulus deprivation ambylopia.

117- Definition, causes and mechanism of Trichiasis :-

Definition :- it is misdirection of lashes which usually rubbing against the cornea and conjunctiva,

Causes :-

A- Congenital trichiasis.

B- Acquired :-

1- Trachoma. 2- Ulcerative blepharitis. 3- Stye.

4- Entropion. 5- Membranous conjunctivitis. 6- Operation or injury to eye lid.

Mechanism :- in congenital there is extra raw of mal-directed lashes at the position of opening of meibomian ,in acquired it is due to fibrosis on lid margin which lead to distorting the hair follicles.

118- Types of infection that cause Trichiasis :-

1- Trachoma. 2- Ulcerative blepharitis. 3- Diphtheric conjunctivitis.

119- Treatment of retinoblastoma :-

1- Enucleation :- in clinical stage 1 and stage 2

2- Exentertation of orbite :- if there is conjunctival or orbital tissue extension.

3- Radiation and chemotherapy

4- Cryotherapy.

5- Photocoagulation.

120- D.D of red eye and How to differentiate between them and What is the most serious one :-

1- Conjunctivitis. 2- Keratitis. 3- Iridocyclitis. 4- Acute congestive glaucoma.

5- Subconjunctival hemorrhage. 6- Endophthalmitis and panophthamitis.

7- Scleritis. 8- Ocular injury. 9- Orbital cellulitis.

121- Causes of watery eyes :-

A- Lacrimation	**B- Epiphora**
Due to :- 1- Psychic condition. 2- Reflex stimulation. 3- Inflammatory diseases.	Due to causes in :- 1- Lower lid margin as ectropion. 2- Puncti and canaliculi as congenital absence or stenosis, trachoma. 3- Lacrimal sac as trauma, dacrocystitis, tumor, of sac. 4- Nasolacrimal duct:as stenosis or tumor.

122- Normal pressure of CSF and What occurs on it's increased :-

123- Definition of dacryocystitis :-

Acute dacryocystitis it is acute suppurative inflammation of lacrimal sac.

124- Retina pigmentosa :-

Retinits pigmentosa :- it is congenital familial bilateral progressive degeneration of the retina with begins in childhood and leads to blidness in advanced age.

125- Where lead ophthalmologist doctor to occurs astigmatism :-

126- Definition of apparent and concomitant squint :-

Apparent squint	**Concomitant squint** (Latent squint)
a condition in which the person appears to have squint but the visual axis normal and binocular vision is normal.	it is abnormal visual axis dirctiin when binocular vision is dissociated due to extra ocular muscle imbalance.

127- How diagnosis of Latent squint :-

By :-

1- Cover test. 2- Maddox rod test. 3- Maddox wing test.

128- How diagnosis of Paralytic squint :-

129- How to measures angle of squint :-

By use of :-

1- Corneal reflex method :- A- Hirschberg's test. B- Leister perimeter.

2- The prism bar.

3- Synoptophore.

130- Definition, Classification of Strabismus :-

Definition :- It is a condition in which the visual axis deviates away from the fixation point.

Classification of squint :-

1- Apparent Squint. 2- Latent Squint.

3- Manifest squint :-

A- Paralytic squint.

B- Concomitant squint :-

1- Uniocular :- convergent, divergent.

2- Alternating :- convergent, divergent.

131- What's Sherrington's law and Hering's law :-

Sherrington's law of reciprocal innervation	**Hering's low** of equal innervation
States that in any given eye movement, there is stimulation and contraction of the agonist muscle and simultaneous inhibition and relaxation of antagonist muscle.	State that during any conjugate ocular movement, simultaneous and equal innervation flows to the yoke muscles.

132- What's cover and uncover test and their Uses :-

133- Definition of stay and chalazion :-

Stay	Chalazion
It is acute suppurative inflammation of zeis gland	chronic granulomatous inflammation of meibomian gland.

134- Definition, symptoms and Treatment of Chalazion :-

Definition :- chronic granulomatous inflammation of meibomian glands.

Symptoms :-

1- Painless swelling of long duration is felt under the skin of the lid.

2- Heaviness of eyelid.

3- Pain occurs only with infection.

Treatment :-

A- Small chalazion :- leave alone, intra-lesional steroid injection

B- Large chalazion :- evacuated by operation (incision, and scraping vertical incision from the conjunctival side).

135- Definition, Classification of Blephritis :-

Definition :- it is chronic inflammation of lid margin

Classification :-

A- According to site :-

1- Antetior blepharitis.

2- Posterior blepharitis.

3- Angular blepharitis.

B- According to the type of inflammation :-

1- Squamous blepharitis.

2- Ulcerative blepharitis.

3- Parasitic blepharitis.

136- Definition and stye of acute Blepharitis :- ……

137- Treatment of Blepharitis :-

1- General treatment :- Removal of the predisposing factor.

2- Local treatment :- a- Sodium bicarbonate ointment 3%. b- Antibiotic eye ointment.

c- Gentle massage of the lid margin.

138- What is the characteristic features of Keratitis and What can we confirm the diagnosis :-

139- Viral keratitis :-

140- Types of operations in the leukocoria :-

141- What muscle causes horner's syndrome and it's nerve supply :-

Superior mullers muscle

Nerve supply :- (sympathetic from superior cervical sympathetic gangilion).

Horners syndromes consist of :- 1- Partial ptosis. 2- Miosis.

3- Anhydrosis. 4- Apparent enophthalmos.

142- What is the horner's syndrome and what is the muscle that affected by paralysis and what is the nerve that supply it and site of Trauma that cause the disease :-

143- What diseases in the eye are transmitted genetically ? And How the eye looks in Congenital :-

144 Types of cataract in DM :-

Complicated cataract

145- Baby came to opthalmologist clinic with photophobia and lacrimation (What's your diagnosis and the early signs) :-

Diagnosis :- Congenital glaucoma

Early signs :-

1- Increased the corneal horizontal diameter. 2- Angle dysgenesis.

3- Haab's straia. 4- Blue sclera. 5- Deep AC.

146- What's the mean of Lacrimation in case of obstruction of lacrimine gland :-

Epiphora

147- Affect of Vitamin A deficiency :-

Keratomalacia.

148- Complications of Steroids :-

A- local complication	B- Systemic complication
1- Steroid induced glaucoma. 2- Steroid induced cataract. 3- Increasing susceptibility of infection. 4- Reactivation of dormant organisms. 5- Delaying of wound healing.	1- Peptic ulcer. 2- DM. 3- HTN. 4- Cataract. 5- Osteoprosis. 6- Infection. 7- Cushing state.

149- Contraindication of pilocarpin :-

150- Definition and types of myosis :-

151- Causes of mydriasis :-

1- Drugs. 2- Physiological. 3- Ocular diseases.

4- Traumatic mydriasis. 5- Neurological diseases 3rd nerve palsy.

152- Mydriatic use and contraindication :-